

DECLARATION AND POWER OF ATTORNEY USA/PCT

As a below named inventor, I hereby declare that:

- (a) My residence and Citizenship are as stated below my name. My P.O. (mailing) address is the same as my residence unless otherwise stated. I verily believe I am/we are the original, first and sole/joint inventor(s) of the subject matter that is embraced by and for which a patent is sought on the invention entitled: **MOLDING COMPOUND**
and the specification of which: is attached hereto _____.
(check one) was filed on November 26, 2003 as (62806A).
Application No. 10/723,096
and was amended on _____

(c) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

(d) I acknowledge my duty under 37 CFR 1.56 to disclose to the U.S. Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56(b). If this application is a continuation-in-part application, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 CFR 1.56(b) that became available between the filing date of the prior application from which priority is claimed in part (f) below, and the national or PCT international filing date of this application.

(e) I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate listed below or §365(a) of any PCT international application that designated at least one country other than the United States of America listed below, and also identify below any other foreign equivalent application for patent or inventor's certificate or any other equivalent PCT international application having a filing date before that of the application on which priority is claimed:

	PRIOR FOREIGN APPLICATION(S)	PRIORITY CLAIMED	CERTIFIED COPIES INCL
Number	Country or PCT	Day/Month/Year Filed	
<input type="checkbox"/> Additional claims for benefit are attached.			<input type="checkbox"/>
			<input type="checkbox"/>

(f) I hereby Claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below, or under 35 U.S.C. §120 of any United States application(s), or under § 365(c) of any PCT international application designating the United States of America listed below:

US or PCT Appln. Serial No. <u>60/436,295</u>	Filing Date <u>12/23/2002</u>	Status at Application Filing Date <u>Pending</u>
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Additional claims for benefit are attached.

I hereby appoint the attorney(s) and/or agent(s) at the following Customer No. to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Address all correspondence to appointed counsel at: 25215

25215

This appointment, including the right to delegate this appointment, shall also apply to the same extent it is applicable under the laws of the United States of America to any proceedings established by the Patent Cooperation Treaty.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor(s):

At: _____
this ____ day of _____, 20____

Signature: _____
Full Name: _____
Residence: _____

Country:
Citizenship:
P. O. Address:

At: _____
this ____ day of _____, 20____

Signature: _____
Full Name: _____
Residence: _____

Country:
Citizenship:
P. O. Address:

At: _____
this ____ day of _____, 20____

Signature: _____
Full Name: _____
Residence: _____

Country:
Citizenship:
P. O. Address:

At: Midland, Michigan 48640, USA
this 4th day of Apr. 1, 2004

Signature: David H. Bank
Full Name: David H. Bank
Residence: 2931 Horizon Lane
Midland, Michigan 48642
Country: United States of America
Citizenship: United States of America
P. O. Address: Same as Residence

Additional names and signatures are attached.

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Inventor(s):

At: South Charleston, West Virginia
this 6th day of April, 2004

Signature: John E. Kendall
 Full Name: John E. Kendall
 Residence: 4 Cook Drive
Charleston, West Virginia 25314
 Country: United States of America
 Citizenship: United States of America
 P. O. Address: Same as Residence

At: South Charleston, WV
this 24 day of March, 2004

Signature: Robert L. Seats
 Full Name: Robert L. Seats
 Residence: 110 Hawksbury Trace
Beckley, West Virginia 25801
 Country: United States of America
 Citizenship: United States of America
 P. O. Address: Same as Residence

At: _____
this ____ day of _____, 20____

Signature: _____

Full Name: _____

Residence: _____

Country: _____

Citizenship: _____

P. O. Address: _____

At: _____
this ____ day of _____, 20____

Signature: _____

Full Name: _____

Residence: _____

Country: _____

Citizenship: _____

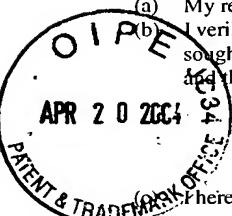
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Inventor(s):

At: _____
 this ____ day of _____, 20 ____

Signature: _____

Full Name: _____

Residence: _____

Country: _____

Citizenship: _____

P. O. Address: _____

At: _____
 this ____ day of _____, 20 ____

Signature: _____

Full Name: _____

Residence: _____

Country: _____

Citizenship: _____

P. O. Address: _____

At: Frederick, GA
 this 4 day of April, 2004

Signature: Gary C. Rex

Full Name: Gary C. Rex

Residence: 1812 Oakwood Drive 318 North Brooke Dr.

Sissonville, West Virginia 25320

Canton, GA 30114

Country: United States of America

Citizenship: United States of America

P. O. Address: Same as Residence

At: _____
 this ____ day of _____, 20 ____

Signature: _____

Full Name: _____

Residence: _____

Country: _____

Citizenship: _____

P. O. Address: _____

Additional names and signatures are attached.

Additional names, addresses and signatures to be attached to Form No. 1000

Entitled: **DECLARATION AND POWER OF ATTORNEY**

At: Horgen Switzerland
this 12 day of March, 2004

Signature: 
Full Name: **Robert P. Dion**
Residence: **Waidlistrasse 32**
City, State, Zip: **Horgen 8810**
Country: **Switzerland**
Citizenship: **United States of America**
P. O. Address: **Same as Residence**

At: _____
this _____ day of _____, 20____

Signature: _____
Full Name:
Residence:
City, State, Zip:
Country:
Citizenship:
P. O. Address:

At: _____
this ____ day of _____, 20____

Signature: _____
Full Name: _____
Residence: _____
City, State, Zip: _____
Country: _____
Citizenship: _____
P. O. Address: _____

At: _____
this _____ day of _____, 20____

Signature: _____
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Citizenship:
P. O. Address:

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this ____ day of _____, 20____

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